

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MILLA, AMANCIO
DOCKET # CR02551322QN

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

COMPLAINT

(Prisoner)

-against-
102 PCT./CITY OF NEW YORK
REP/ OFFICERS JOHN DOE

Do you want a jury trial?
☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

WRONGFULLY ARRESTED / DOCKET #

C1202551322QN

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

AMANCIO

A

MILLA

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

441 230 2672

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

NIC / 6 SOUTH

Current Place of Detention

1500 HAZEN STREET

Institutional Address

QUEENS, EAST ELMAURST NEW YORK 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

JOHN DOE UNKNOWN AT THIS
 First Name Last Name Shield # PRESENT TIME
OFFICER OF THE 102 PCT.
 Current Job Title (or other identifying information)
118th STREET & JAMAICA AVE
 Current Work Address
QUEENS, RICHMOND HILL, N.Y. 11419
 County, City State Zip Code

Defendant 2:

JOHN DOE "
 First Name Last Name Shield #
"
 Current Job Title (or other identifying information)
"
 Current Work Address
"
 County, City State Zip Code

Defendant 3:

 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

Defendant 4:

 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 129-07 101 AVE RICHMOND HILL, N.Y.
11419.

Date(s) of occurrence: OCT 15, 2022 (ARRESTED)

FACTS: INCIDENT AUG, 3 2022 / DOCKET # CR02551322QN

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

EXACT TIMES AND DATES TO BE FILLED IN
AFTER FOIL REQUEST IS RECEIVED.

I WAS ARRESTED BY REPRESENTATIVES OF
THE NEW YORK CITY DEPT OF POLICE FOR A
VIDEO. DUE TO THE FACT THAT I LOOK NOTHING
LIKE THE MAN IN THE VIDEO AND ALSO
THAT ON AUGUST 3RD 2022 I WAS IN FLUSHING
HOSPITAL'S ICU UNIT I KNOW IF A DEQUIT
POLICE PROTOCOL OR INVESTIGATION WOULD HAVE
B~~EE~~N DONE I SHOULD NOT HAVE BEEN TREATED
THE WAY I WAS. I SAT ON RIKERS FOR
SI DAYS BECAUSE I WAS CHARGED
INCORRECTLY. THE BONDSMEN CLAIMED I
HAD 5 OPEN CASES. I WAS NEVER
QUESTIONED OR GIVEN A CHANCE TO EXPLAIN
ANYTHING. THE OFFICERS CAME IN MY YARD
WITHOUT PERMISSION AND ROUGH HOUSED ME
PUSHING, HURTING MY WRISTS. I LOST MY JOB
THAT TOOK ME A LONG TIME TO GET. I AM
MY MOM'S ALLEGED (SHE WAS 86 YEARS OF AGE)
AND WAS FORCED TO MAKE ME WORRY ABOUT HER.

(ATTACHED PAGE)

I FEEL THEY DID NOT DO THEIR JOB, HURT ME IN MISSED OPPORTUNITIES TO BETTER MY LIFE BECAUSE I WAS ATTENDING PROGRAMS, WORKING, TAKING CARE OF MY MOTHER, LOST MY RELATIONSHIP WITH A WONDERFUL WOMAN. I NEEDED TO GET ON DEPRESSION MEDICATION BECAUSE THE LIMBO FEELING WAS OVERWHELMING. I WAS INVOLVED IN A FIGHT DEPENDING ON MYSELF. I WAS BAILED OUT AFTER 51 DAYS AND THE CASE WAS DISMISSED. DUE TO THE UNABILITY TO FILE FOR NOTICE OF INTENT I KNOW IT WAS ALL UNFAIR.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

MENTAL ANGUISH, DEPRESSION, NEED FOR
CONSULTING WITH A THERAPIST

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

REPROVAND THE OFFICERS FOR THEIR
INABILITY TO DO THEIR JOB AND
\$ 200,000 FOR ILLEGAL ARREST AND THE
SUFFERING THAT COMES WITH JAIL.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10/25/23
 Dated
 AMANCIO A MILLA
 First Name Middle Initial Last Name
 1500 HAZEN STREET
 Prison Address
 QUEENS, EAST ELMHURST N.Y. 11370
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

10/26/23

